

1
B

Tape# _____

Start _____ End _____

Start _____ End _____

Start _____ End _____

REPORTED AS:

Natural Accident Suicide Homicide
 At Work Nursing Home In Custody State Hosp.

CORONER'S
CASE
INQUIRY
N.C.C.

CASE NO. 89-8118

LAST NAME

Memendez

FIRST

Joseph

MIDDLE

E.

Age

45?

MALE FEMALE Post Mortem at M.E.C. MORTUARY

Request of

PLACE OF DEATH - NAME OF FACILITY

STREET ADDRESS

122 N. Elm Dr., Beverly Hills

DATE OF DEATH - Month, Day, Year

HOUR

10-19-89

FOUND OR
PRONOUNCED BYSCENE
PHONE

Usual Residence

Scene

Reported by Sgt. Edmonds Address Beverly Hills PROB. 285-2149

Reported to M.E.C. Miss Date/Time 8-21-89 12357

Investigating Agency Beverly Hills Officer P. D. DATE
TIME

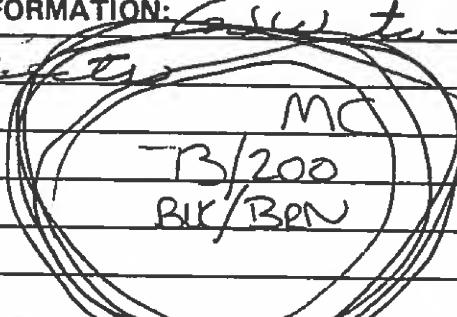
Next of Kin Joseph Memendez Relationship Some

Address 122 N. Elm Dr., Beverly Hills Phone 213-495-4531

Notified by yes DATE
TIME

DESCRIBE TERMINAL EPISODE AND OTHER PERTINENT INFORMATION:

Cause of death: heart attack, leg & mid. heart. No surgery



See # 89-8119

Two blots of Santa Monica. Use Santa Monica not Sunset.

THIS SECTION FOR INQUIRY ONLY

Attending Physician

Phone

Address

LAST DATE
ATTENDED

CAUSE OF DEATH	22 DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A)	(ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)	Approximate Interval Between Onset & Death	BIOPSY AUTOPSY
	Conditions, if any, which gave rise to the immediate cause stating the under- lying cause last.	DUE TO, OR AS A CONSEQUENCE OF :		
	(B)	DUE TO, OR AS A CONSEQUENCE OF		
(C)				
23. Other Conditions Contributing But Not Related To The Immediate Cause of Death		27. Was Operation Performed For Any Condition In Items 22 or 23? Operation	Date	

Discussed With

, M.D. By

Deputy

Date & Time Mortuary Notified

Approved

Original Jurisdictional Determination Record

DO NOT DISCARD

1	APPARENT MODE NAT ACC SUI (HOMI) UND						SPECIAL CIRCUMSTANCES MULT. SHOTGUN WOUNDS HEAD, MR., LEC				CASE NO. 89-08118	
	LAST, FIRST MIDDLE MENENDEZ, JOSEPH						SEE 89-08119				CRYPT 13	
ADDRESS 722 N. ELM DR.		CITY Beverly Hills				STATE Calif.		ZIP				
SEX MALE	RACE CAUC	DOB 05-06-44	AGE 45	HGT 73	WTG 200	EYES BRN	HAIR BRN	TEETH OWN	ID VIEW YES NO	CONDITION HEAD TRAUMA		
BEARD	MUSTACHE	SCARS	MARKS	TATTOOS				AMPUTATIONS		DEFORMITIES		
NAME OF MENENDEZ		ADDRESS CYCLE Joseph MENENDEZ				CITY Beverly Hills, Calif.		STATE ZIP				
RELATIONSHIP SONS		PHONE 453-1423		NOTIFIED BY PRESENT		NOT		DATE		TIME		
SSN			DL ID STATE	LA MAIN		CII		MILITARY		C		
ID BY (PRINT LAST NAME) VISUAL BY SONS X		SIGNATURE		RELATIONSHIP		PHONE		DATE				
PLACE OF DEATH RESIDENCE		ADDRESS OR LOCATION 722 N. ELM				CITY Beverly Hills		ZIP				
PLACE OF INJURY RESIDENCE		AT WORK YES NO	DATE 8-20-89	? TIME	LOCATION OR ADDRESS 722 N. ELM DR., BEVERLY HILLS							
DOB 08-20-89	FND 2390	FOUND BY PRON. BY	5CT, K. WEST									
AGENCY & INV. OFFICER BEVERLY HILLS PD, ZOELLER, 285-2145		PHONE 285-2145		REPORT NO.		NOTIFIED BY MEC		NO				
DESCRIBE SCENE AND CONTACT MATERIAL TO BODY INSIDE - SEATED ON SOFA												
TIME 68. F		DATE 0535 8-21-89		DESCRIBE LIVOR MORTIS NONE NOTED								
LIVER 90. F		0544 8-21-89		DESCRIBE RIGOR MORTIS WELL ESTABLISHED								
WATER — F		— —		BIB HIGH								
TIME 08-21-89, 0645		DATE TIME										
YES NO PRINTS <input checked="" type="checkbox"/> <input type="checkbox"/>		YES NO CLOTHING <input checked="" type="checkbox"/> <input type="checkbox"/>		PA RPT MEC SEAL		PA SEAL NOT SEALED		HOSP. RPT. HOSP. CHART		YES NO MORT. RPT. <input type="checkbox"/> <input type="checkbox"/> RELEASE <input type="checkbox"/> <input type="checkbox"/> VITALS <input type="checkbox"/> <input type="checkbox"/> BLOOD <input type="checkbox"/> <input type="checkbox"/>		
MED. EV. <input type="checkbox"/> <input checked="" type="checkbox"/>		INVEST. PHOTO <input checked="" type="checkbox"/> <input type="checkbox"/>		F.S. PHOTO <input type="checkbox"/> <input checked="" type="checkbox"/>		PROP. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		RCPT. NO. 70641		PF NO. N/A		
NOTE <input type="checkbox"/> <input checked="" type="checkbox"/> GSR NO 9526												

THE DECEDENT IS A MALE APPROXIMATELY 45 YEARS OF AGE. HE WAS FOUND SEATED ON A SOFA IN HIS RESIDENCE WITH MULTIPLE SHOTGUN WOUNDS. NO SUSPECT(S) NO WEAPON

MORTUARY:

George - B. White GEORGE B. WHITE # 096984		INVESTIGATOR	08-21-89 /	APPROVAL
			DATE	TIME

As a result, the Mg^{2+} concentration in the solution is 0.001 M .

¹⁰ See, for example, the discussion of the 1992 Constitutional Convention in the *Constitutional Convention of 1992* (1993).

④ 《新編中華書局标点本古文真赏》卷之三，中華書局标点本古文真赏，1981年。

在 1990 年代，随着中国加入世界贸易组织，中国开始大规模地吸引外资，从而促进了中国经济的快速发展。

15		<p><input checked="" type="checkbox"/> AUTOPSY CLASS: <input type="checkbox"/> A. <input type="checkbox"/> B. <input type="checkbox"/> C. <input type="checkbox"/> EXAMINATION (D). Date <u>8/23/99</u> Time <u>0935</u> Dr. <u>Gaffen</u> <input type="checkbox"/> PENDING <input checked="" type="checkbox"/> FINAL ON <u>8/23/99</u></p>																				
			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH																			
22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE																						
(A) <i>Multiple shotgun Wounds</i>		REQUEST <input type="checkbox"/> Police Report _____ <input type="checkbox"/> Med. History _____ <input type="checkbox"/> Investigations _____ <input type="checkbox"/> Criminalistics _____																				
DUE TO, OR AS A CONSEQUENCE OF																						
(B) DUE TO, OR AS A CONSEQUENCE OF																						
(C) Other conditions contributing but not related to the immediate cause of death:																						
<input type="checkbox"/> NATURAL <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/> UNDETERMINED If other than natural causes HOW DID INJURY OCCUR? <i>Shooting</i>		<input type="checkbox"/> HISTOPATH CUT: <input type="checkbox"/> AUTOPSY <input type="checkbox"/> LAB <input type="checkbox"/> MICROBIOLOGY: <input type="checkbox"/> NEUROPATHOLOGY																				
WAS OPERATION PERFORMED FOR ANY CONDITION STATED ABOVE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		TOXICOLOGICAL SPECIMENS COLLECTED <input checked="" type="checkbox"/> YES, by <i>dr</i> <table border="0"> <tr> <td><input checked="" type="checkbox"/> BLOOD:</td> <td><input type="checkbox"/> HEART</td> <td><input checked="" type="checkbox"/> (OTHER) <i>dr</i></td> </tr> <tr> <td><input type="checkbox"/> BILE</td> <td><input type="checkbox"/> BRAIN</td> <td></td> </tr> <tr> <td><input type="checkbox"/> LIVER</td> <td><input type="checkbox"/> SPLEEN</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> URINE</td> <td><input type="checkbox"/> KIDNEY</td> <td></td> </tr> <tr> <td><input type="checkbox"/> STOMACH</td> <td><input type="checkbox"/> VITREOUS</td> <td></td> </tr> <tr> <td>CONTENTS</td> <td></td> <td></td> </tr> </table> <input type="checkbox"/> NO BLOOD <input type="checkbox"/> EMBALMED <input type="checkbox"/> > 24 HR. IN HOSPITAL <input type="checkbox"/> NOT INDICATED <input type="checkbox"/> OTHER _____ (REASON)			<input checked="" type="checkbox"/> BLOOD:	<input type="checkbox"/> HEART	<input checked="" type="checkbox"/> (OTHER) <i>dr</i>	<input type="checkbox"/> BILE	<input type="checkbox"/> BRAIN		<input type="checkbox"/> LIVER	<input type="checkbox"/> SPLEEN		<input checked="" type="checkbox"/> URINE	<input type="checkbox"/> KIDNEY		<input type="checkbox"/> STOMACH	<input type="checkbox"/> VITREOUS		CONTENTS		
<input checked="" type="checkbox"/> BLOOD:	<input type="checkbox"/> HEART	<input checked="" type="checkbox"/> (OTHER) <i>dr</i>																				
<input type="checkbox"/> BILE	<input type="checkbox"/> BRAIN																					
<input type="checkbox"/> LIVER	<input type="checkbox"/> SPLEEN																					
<input checked="" type="checkbox"/> URINE	<input type="checkbox"/> KIDNEY																					
<input type="checkbox"/> STOMACH	<input type="checkbox"/> VITREOUS																					
CONTENTS																						
EVIDENCE RECOVERED AT AUTOPSY Item Description: <i>five (5) projectile Enveloped Salinated to Envelope Number of 1420 m.</i> <i>8/23/99</i> <i>dr</i>		TOXICOLOGICAL ANALYSES ORDERED SCREEN: <input type="checkbox"/> C <input checked="" type="checkbox"/> H <input type="checkbox"/> T <input type="checkbox"/> ALCOHOL ONLY <input type="checkbox"/> CARBON MONOXIDE <input type="checkbox"/> OTHER (SPECIFY DRUG AND TISSUE) <input type="checkbox"/> SUPPLEMENTAL REQUEST (17A) Typing Blood Taken by <i>dr</i> <input type="checkbox"/> HEART <input checked="" type="checkbox"/> OTHER																				
DEPUTY MEDICAL EXAMINER <i>dr</i> M.D.		PRIOR EXAMINATION REVIEW <input checked="" type="checkbox"/> BODY TAG <input type="checkbox"/> MED. RECORD <input checked="" type="checkbox"/> CLOTHING <input type="checkbox"/> AT SCENE PHOTO <input checked="" type="checkbox"/> SPL PROCESSING TAG <input checked="" type="checkbox"/> X-RAY <input checked="" type="checkbox"/> FLUORO WHITE - FILE COPY CANARY - FORENSIC LAB COPY PINK - INVESTIGATION COPY GOLDENROD - MEDICAL EXAMINER COPY																				
DEATH CERTIFICATE ISSUED <input checked="" type="checkbox"/> FINAL DATE ISSUED _____ ISSUED BY _____ <input type="checkbox"/> PENDING DATE ISSUED _____ ISSUED BY _____																						

2

1104 North Mission Road, Los Angeles, CA 90033 (213) 226-8008

Property Released — Monday through Friday 8:00 AM to 4:00 PM
Closed Saturday, Sunday & Holidays NO PERSONAL EFFECTS TAKEN NO CASH TAKEN ADDITIONAL RECEIPTS # _____No. 70641
Date 08-21-89
Case # 89-08118
Name MENENDEZ
First JOSEPH
Last MI

FIREARMS:

Description: Type, Make, Model and Caliber

Serial # _____

Disposition: See
Reverse side

PERSONAL EFFECTS: U.S. Cash _____

Dollars

Keepsake/Foreign Monies _____

	NO	YES	QTY	DESCRIPTION		NO	YES	QTY	NUMBER
WALLET					DRIVERS LIC.				
PURSE					SOC. SECURITY				
MISC. PAPERS					PASSPORT				
ADDRESS BOOK					VET. CARD				
SUICIDE NOTE					IMMIG. CARD				
GLASSES					AMMUNITION				
KEYS					BLANK CHECKS				
					ACCT. #				

WATCHES, JEWELRY & OTHER ITEMS

CREDIT CARDS, TRAVELER'S CHECKS & CHECKS FOR DECEDENT
(List bank acct. no., serial no's, amount, card name and no.)

WITNESS DECLARATION: UNDER PENALTY OF PERJURY, I DECLARE:

The above list is all the property found on the body, clothing or adjacent area to the above named decedent and was checked by me in the presence of the witnesses signed below.

Above is listed all the property of the above indicated decedent after the body, clothing or adjacent area had been checked prior to my arrival.

Signature George B. White Print Name & Title George B. White - INJ
 Witness Sign J. Zeller Print Name & Title J. ZELLER - DETECTIVE
 Address & Agency B.B.D.O. City _____ Zip _____ Phone _____
 Witness Sign _____ Print Name _____
 Address & Agency _____ City _____ Zip _____ Phone _____

DECLARATION FOR RELEASE OF PROPERTY IN THE FIELD:

The above indicated personal effects were released to me by _____ Date _____
 Signature _____ Print Name & Title _____
 Agency _____ Phone (____) _____

DECLARATION FOR RELEASE OF PROPERTY TO FAMILY:

The above listed property, was delivered to me by _____ of the Property Section of the Chief Medical Examiner-Coroner's Office.
 Signature _____ Print Name _____
 Relationship _____ Date _____ Phone _____
 Address _____ City _____ Zip _____

PROPERTY WILL NOT BE RELEASED WITHOUT AFFIDAVIT PURSUANT TO SECTION 630 PROBATE CODE OR LETTERS TESTAMENTARY.

5

CHIEF MEDICAL EXAMINER-CORONER
COUNTY OF LOS ANGELES

Please read and answer all questions before signing

WAS OR HAS THE DECEASED BEEN LEGALLY MARRIED? Yes
DOES THE DECEASED HAVE ANY LIVING CHILDREN? YesCase No. 89-8118
Case Name

JOSE MENENDEZ

Date 8/22/89

HEALTH AND SAFETY CODE

CHAPTER 3

CUSTODY AND DUTY OF INTERMENT

7100. The right to control the disposition of the remains of a deceased person, unless other directions have been given by the decedent, vests in, and the duty of interment and the liability for the reasonable cost of interment of such remains devolves upon the following in the order named: (a) The surviving spouse. (b) The surviving child or children of the decedent. (c) The surviving parent or parents of the decedent. (d) The person or persons respectively in the next degrees of kindred in the order named by the laws of California as entitled to succeed to the estate of the decedent. (e) The public administrator when the deceased has sufficient assets.

Government Code Section 27471 states that the only fee that the Coroner can authorize is that of embalming. The amount of the fee is set by ordinance by the Board of Supervisors, County of Los Angeles.

I certify that I am next of kin pursuant to Section 7100, Health & Safety Code, State of California, or am a relative acting as agent for the next of kin and it is my legal right to nominate a funeral director to take charge of the above mentioned deceased. Therefore, please release the body upon completion of your investigation of the death of said deceased to:

PIERCE BROTHERS Westwood Village Mortuary.

SIGNED Jerry Relationship SON
Address 722 No. Elm City Beverly Hills State CA.
Telephone No. (213) 854-1111 Date Signed 8/22/89

If not next of kin, sign above and explain why next of kin is not handling.

Next of kin _____ Relationship _____
Address _____ City _____ State _____

THIS SECTION TO BE SIGNED BY THE PERSON NAMED TO EXECUTE THE LAST WILL
OR BY A NON RELATIVE WHEN NO ASSETS ARE INVOLVED.

I, _____ bearing no relationship to the above named deceased, having executed the above authorization, do hereby assume full responsibilities for the costs of all funeral services in connection therewith of the above named funeral director.

ATTACH A COPY OF THE LAST WILL AND TESTAMENT.

SIGNED _____ Date Signed _____ Phone No. _____

Address _____ City _____ State _____

Witness _____ Address _____

PERSONAL I.D. BY:

Signed _____ Witness _____

Address _____

City _____

Telephone No. _____ Date Signed _____

PERSONAL EFFECTS INVENTORY

2

1104 North Mission Road, Los Angeles, CA 90033 (213) 226-8008

Property Released — Monday through Friday 8:00 AM to 4:00 PM
Closed Saturday, Sunday & Holidays NO PERSONAL EFFECTS TAKEN NO CASH TAKEN ADDITIONAL RECEIPTS # _____

No. 70642

Date 08-21-89

Case # 89-4819

Name DET. A. A. A.M. EXPENSES 2
M. ARREST

First

M

FIREARMS:

Description: Type, Make, Model and Caliber

Serial # _____

Disposition: See
Reverse side

PERSONAL EFFECTS: U.S. Cash

Dollars

Keepsake/Foreign Monies

	NO	YES	QTY	DESCRIPTION		NO	YES	QTY	NUMBER
WALLET					DRIVERS LIC.				
PURSE					SOC. SECURITY				
MISC. PAPERS					PASSPORT				
ADDRESS BOOK					VET. CARD				
SUICIDE NOTE					IMMIG. CARD				
GLASSES					AMMUNITION				
KEYS					BLANK CHECKS				
					ACCT. #				

WATCHES, JEWELRY & OTHER ITEMS

CREDIT CARDS, TRAVELER'S CHECKS & CHECKS FOR DECEASED
(List bank acct no., serial no's., amount, card name and no.)

WITNESS DECLARATION: UNDER PENALTY OF PERJURY, I DECLARE:

 The above list is all the property found on the body, clothing or adjacent area to the above named decedent and was checked by me in the presence of the witnesses signed below. Above is listed all the property of the above indicated decedent after the body, clothing or adjacent area had been checked prior to my arrival.Signature Lucas - R. White Print Name & Title LUCAS R. WHITE - LADWitness Sign K. L. Zeller Print Name & Title K. L. ZELLER - DETECTIVEAddress & Agency B. H. P.D. City _____ Zip _____ Phone _____

Witness Sign _____ Print Name _____

Address & Agency _____ City _____ Zip _____ Phone _____

DECLARATION FOR RELEASE OF PROPERTY IN THE FIELD:

The above indicated personal effects were released to me by _____ Date _____

Signature _____ Print Name & Title _____

Agency _____ Phone (_____) _____

DECLARATION FOR RELEASE OF PROPERTY TO FAMILY:

The above listed property, was delivered to me by _____ of the Property Section of the Chief Medical Examiner-Coroner's Office.

Signature _____ Print Name _____

Relationship _____ Date _____ Phone _____

Address _____ City _____ Zip _____

PROPERTY WILL NOT BE RELEASED WITHOUT AFFIDAVIT PURSUANT TO SECTION 630 PROBATE CODE OR LETTERS TESTAMENTARY.

5

CHIEF MEDICAL EXAMINER-CORONER
COUNTY OF LOS ANGELES

Please read and answer all questions before signing

WAS OR HAS THE DECEASED BEEN LEGALLY MARRIED? Yes
DOES THE DECEASED HAVE ANY LIVING CHILDREN? Yes

Case No. 89-8119

Case Name

REBECCA MENENDEZ
MARY. L.

Date 8/22/89

HEALTH AND SAFETY CODE

CHAPTER 3

CUSTODY AND DUTY OF INTERMENT

7100. The right to control the disposition of the remains of a deceased person, unless other directions have been given by the decedent, vests in, and the duty of interment and the liability for the reasonable cost of interment of such remains devolves upon the following in the order named: (a) The surviving spouse. (b) The surviving child or children of the decedent. (c) The surviving parent or parents of the decedent. (d) The person or persons respectively in the next degrees of kindred in the order named by the laws of California as entitled to succeed to the estate of the decedent. (e) The public administrator when the deceased has sufficient assets.

Government Code Section 27471 states that the only fee that the Coroner can authorize is that of embalming. The amount of the fee is set by ordinance by the Board of Supervisors, County of Los Angeles.

I certify that I am next of kin pursuant to Section 7100, Health & Safety Code, State of California, or am a relative acting as agent for the next of kin and it is my legal right to nominate a funeral director to take charge of the above mentioned deceased. Therefore, please release the body upon completion of your investigation of the death of said deceased to:

PIERCE BROTHERS Westwood Village Mortuary

SIGNED J. H. J. H. Relationship SON
Address 722 NO. ELM City Beverly Hills State CA.
Telephone No. 213 854-1111 Date Signed 8/22/89

If not next of kin, sign above and explain why next of kin is not handling.

Next of kin _____ Relationship _____
Address _____ City _____ State _____

**THIS SECTION TO BE SIGNED BY THE PERSON NAMED TO EXECUTE THE LAST WILL
OR BY A NON RELATIVE WHEN NO ASSETS ARE INVOLVED.**

I, _____ bearing no relationship to the above named deceased, having executed the above authorization, do hereby assume full responsibilities for the costs of all funeral services in connection therewith of the above named funeral director.

ATTACH A COPY OF THE LAST WILL AND TESTAMENT.

SIGNED _____ Date Signed _____ Phone No. _____

Address _____ City _____ State _____

Witness _____ Address _____

PERSONAL I.D. BY:

Signed _____ Witness _____

Address _____ Address _____

City _____

Telephone No. _____ Date Signed _____

CASE REPORT

VICTIMS OF CRIME

CHIEF MEDICAL EXAMINER-CORONER

1	APPARENT MODE		SPECIAL CIRCUMSTANCES		CASE NO.	
	NAT ACC SUICIDE		MULT. SHOTGUN WOUNDS HEAD, THORAX, SHOULDER, LEG		89-08119	
LAST, FIRST MIDDLE		SEE 89-68118		CRYPT		
MENENDEZ, MARY LOUISE				13		

ADDRESS 722 N. ELM DR. CITY BEVERLY HILLS STATE CALIF. ZIP

SEX FE	RACE CAUC	DOB 10-14-44	AGE 44	HGT 68	WGT 165	EYES GRN	HAIR BLN	TEETH OWN	ID VIEW YES NO	CONDITION HEAD TRAUMA
BEARD MUSTACHE		SCARS		MARKS		TATTOOS		AMPUTATIONS		DEFORMITIES

RELATIONSHIP SON OF ERIC MENENDEZ ADDRESS JOSEPH LYLE MENENDEZ 722 N. ELM DR., BEVERLY HILLS, CA.

RELATIONSHIP SONS	PHONE 271-6495 453-1423	NOTIFIED BY PRESENT	NOT	DATE	TIME
-------------------	----------------------------	---------------------	-----	------	------

BSN	DL ID	LA MAIN	CII	MILITARY C
STATE				

ID BY (PRINT LAST NAME) VISA R BY SONS X	SIGNATURE	RELATIONSHIP	PHONE	DATE
--	-----------	--------------	-------	------

PLACE OF DEATH RESIDENCE	ADDRESS OR LOCATION	CITY	ZIP
--------------------------	---------------------	------	-----

PLACE OF INJURY RESIDENCE	AT WORK YES NO	DATE 08-20-89	? TIME	LOCATION OR ADDRESS 722 N. ELM BEVERLY HILLS
---------------------------	----------------	---------------	--------	--

ODD 08-20-89	FND 2350	TIME	FOUND BY PRON. BY	5CT WEST
--------------	----------	------	-------------------	----------

AGENCY & INV. OFFICER BEVERLY HILLS P.D. ZOELLER, 285-2145	PHONE	REPORT NO.	NOTIFIED BY MEC	NO
--	-------	------------	-----------------	----

DESCRIBE SCENE AND CONTACT MATERIAL TO BODY INSIDE - LINCOLN RIGOR 5-50% ON FLOOR

TIME 0600	DATE 8-21-89	DESCRIBE LIVOR MORTIS NONE NOTED
AIR 68+		DESCRIBE RIGOR MORTIS WELL ESTABLISHED THROUGHOUT.
LIVER 91+	0608	8-21-89
WATER -	-	-
BIB	HIGH PLATE	DATE 08-21-89
		TIME 0645

YES NO PRINTS X	YES NO CLOTHING	PA RPT MEC SEAL	PA SEAL NOT SEALED	YES NO HOSP. RPT.	YES NO MORT. RPT.
MED. EV. X	INVEST. PHOTO	X		HOSP. CHART	RELEASE X
PHYS. EV. X	F.S. PHOTO	X		YES NO	VITALS X
NOTE X	POLICE PHOTO	X	PROPS. YES NO	PF NO.	BLOOD X
NOTE GSR NO 9534		RCPT. NO 70642			

THE DECEDENT IS A 44 YEAR OLD FEMALE WHO SUSTAINED MULTIPLE SHOTGUN WOUNDS AT HER RESIDENCE.
NO SUSPECT(S) NO WEAPON(S)

MORTUARY:

Guang - B. White GEORGE B. WHITE #096984	INVESTIGATOR	APPROVAL
OF-21-89/		DATE TIME

$$v_{\mu} = \frac{1}{\sqrt{2}} \left(\nu_{\mu} + \bar{\nu}_{\mu} \right) \quad \text{and} \quad \bar{v}_{\mu} = \frac{1}{\sqrt{2}} \left(\nu_{\mu} - \bar{\nu}_{\mu} \right)$$

1. *Chlorophytum* (L.) L. *var. ciliatum* (L.) L. *var. ciliatum* (L.) L. *var. ciliatum* (L.) L.

1976年1月1日，中華人民共和國國務院批轉財政部《關於進一步加強財政管理的意見》，並批轉了財政部《關於進一步加強財政管理的意見》。

1.5. *Antennae* and *Wing* — *Antennae* are long and slender, with a few short hairs at the tip. *Wing* is long and slender, with a few short hairs at the tip.

1 B	Tape#			CORONER'S CASE INQUIRY <input checked="" type="checkbox"/> N.C.C. <input type="checkbox"/>	CASE NO. <u>89-8119</u>
	Start _____	End _____			
	Start _____	End _____			
	Start _____	End _____			
REPORTED AS:					
<input type="checkbox"/> Natural		<input type="checkbox"/> Accident		<input type="checkbox"/> Suicide	<input checked="" type="checkbox"/> Homicide
<input type="checkbox"/> At Work		<input type="checkbox"/> Nursing Home		<input type="checkbox"/> In Custody	<input type="checkbox"/> State Hosp.
Post Mortem at <input checked="" type="checkbox"/> M.E.C. <input type="checkbox"/> MORTUARY				10-14-44	Request of
PLACE OF DEATH - NAME OF FACILITY			STREET ADDRESS		
<u>722 N. Elm Dr, Beverly Hills</u>			<u>STREET ADDRESS</u>		
DATE OF DEATH - Month, Day, Year		HOUR	FOUND OR PRONOUNCED BY		SCENE PHONE
<u>8-20-89</u>					
Usual Residence <u>Same</u>					
Reported by <u>Sgt. Edmonds</u> Address <u>Beverly Hills P.D. 285-2149</u> Phone <u>291-0495</u>					
Reported to M.E. <u>Wise</u> Date/Time <u>8-20-89 0357</u>					
Investigating Agency <u>Beverly Hills Officer P.D.</u> Date/Time					
Next of Kin <u>Mrs. Lydia J. Mendez</u> Relationship <u>Son</u> Phone <u>453-1423</u>					
Address <u>Same</u> (c) (r) (s) Date/Time					
Notified by <u>Yes</u> Phone <u>291-0495</u> Date/Time					

DESCRIBE TERMINAL EPISODE AND OTHER PERTINENT INFORMATION: GSL

No suspect
See # 89-8118

X Two blocks no. off Santa Monica
The Santa Monica, not Santa

THIS SECTION FOR INQUIRY ONLY

Attending Physician		Phone		
Address				
22 DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A)		(ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)	LAST DATE ATTENDED	BIOPSY
CAUSE OF DEATH	Conditions, if any, which gave rise to the immediate cause stating the underlying cause last. { DUE TO, OR AS A CONSEQUENCE OF (B) DUE TO, OR AS A CONSEQUENCE OF (C)		Approximate Interval Between Onset & Death	AUTOPSY

Discussed With _____, M.D. By _____ Deputy _____	
Date & Time Mortuary Notified _____	
Approved _____	
Original Jurisdictional Determination Record	

DO NOT DISCARD

15

AUTOPSY CLASS: A. B. C. EXAMINATION (D).
 Date 7/23/99 Time 1100 Dr. Coffin
 PRINT NAME
 PENDING FINAL ON 7/23/99

22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)
 IMMEDIATE CAUSE

(A) Multiple Stabbing Wounds

DUE TO, OR AS A CONSEQUENCE OF

(B)

DUE TO, OR AS A CONSEQUENCE OF

(C)

Other conditions contributing but not related to the immediate cause of death:

NATURAL ACCIDENT SUICIDE HOMICIDE UNDETERMINED

If other than natural causes

HOW DID INJURY OCCUR?

Shooting

WAS OPERATION PERFORMED FOR ANY CONDITION STATED ABOVE? Yes No

TYPE SURGERY _____ DATE _____

PERTINENT COMMENTS:

EVIDENCE RECOVERED AT AUTOPSY

Item Description:

8 (Eight) projectile Envelopes
+ to Envelope Soft
at 1420 hr
7/23/99

DR

DEPUTY MEDICAL EXAMINER

M.D.

DEATH CERTIFICATE ISSUED

FINAL

DATE ISSUED _____ ISSUED BY _____

PENDING

DATE ISSUED _____ ISSUED BY _____

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

REQUEST

Police Report _____

Med. History _____

Investigations _____

Criminalistics _____

HISTOPATH CUT: AUTOPSY LAB

MICROBIOLOGY:

NEUROPATHOLOGY

TOXICOLOGICAL SPECIMENS COLLECTED

YES, by _____

BLOOD: HEART (OTHER) day
 BILE BRAIN
 LIVER SPLEEN
 URINE KIDNEY
 STOMACH VITREOUS
 CONTENTS _____

NO BLOOD

EMBALMED
 > 24 HR. IN HOSPITAL
 NOT INDICATED
 OTHER _____

(REASON)

TOXICOLOGICAL ANALYSES ORDERED

SCREEN: C H T

ALCOHOL ONLY
 CARBON MONOXIDE
 OTHER (SPECIFY DRUG AND TISSUE)

SUPPLEMENTAL REQUEST (17A)

Typing Blood Taken by _____

HEART OTHER Zond

PRIOR EXAMINATION REVIEW

BODY TAG MED. RECORD
 CLOTHING AT SCENE PHOTO
 SPL PROCESSING X-RAY
 TAG FLUORO

WHITE - FILE COPY

CANARY - FORENSIC LAB COPY

PINK - INVESTIGATION COPY

GOLDENROD - MEDICAL EXAMINER COPY

82

Probable Accident
 Probable Suicide
 Questionable Suicide/Possible Homicide
 Probable Homicide
 Homicide Investigator Requests Rush

Kit #

9554

89-0219
 FIREARM, 9MM
 CCS 08-20-89
 HOMICIDE
 BEVERLY HILLS P.D.
 SFF ALSO 89-0819

Male Female

INFORMATION ABOUT DECEASED/SHOOTING

Right Handed Left Handed Unknown

Occupation UNK.Activity Prior to Shooting UNK.Have the decedent's hands been touched by anyone prior to taking the GSR sample? Yes NoIf yes, by whom? Paramedics Family Police Hospital Personnel
 OtherWas the weapon found in the decedent's hand? Yes NoIf yes, which one? Right LeftIf no, describe weapon's location in relationship to decedent's hands UNKNOWN IF ARMED.Shooting Occurred: Indoors Outdoors UnknownLocation of Body: Indoors Outdoors Automobile Hospital

Other

Number of Shots Fired: UNK.Date 08-20-89 and Time UNK of ShootingDate 08-21-89 and Time 0515 GSR samples were taken.GSR evidence collected At Scene At FSC At Hospital
 OtherBy: George WhiteBody transported to FSC via Coroner's vehicle MTS Revolver Semi-automatic/automatic Rifle ShotgunUNK Other (e.g., Derringer, Single shot pistol, etc.)

Made/Model _____ Caliber _____

Brand of Ammunition _____ Type of Ammunition _____

Bullet Configuration: Round Nose Hollow Point Wad Cutter PointedUNK Other _____Bullet Surface: Jacketed Semi-jacketed Bare Lead Plated

Comments: _____

George - B. White 08-21-89
 Investigator Date

Do not write below this line

RESULTS:

Bullet wt: _____

Barrel Length _____

White: Medical file
 Pink: Laboratory Copy (to be returned to Coroner's Investigator)
 Yellow: Laboratory Copy